Monthly Volunteer Report for:		independence M	Independence Mental Health Institute, Independence, Iowa 50644	ute, independen	ce, lowa 50644	
For month of :	February			use this from for	use this from for monthly reporting	
	2019	,		submit report mor	submit report monthly (by end of following month)	vina month)
 # of Individuals registered as DHS Volunteers 	49			to lower Finics and	to lowa Ethics and Campainn Disclosure Roard	ine Roard
2. # of Groups registered as DHS Volunteer Groups	7			Fax number 515-281-4073	281-4073	
		-				
	Total # Volunteers Active This Month	4, Total # Hours Active This Month	5. Cumulative Hours to Date	6. # Clients Served – Adults 18 to 59	7. # Clients Served 8. # Clients Served Adults 60 or older Children 0 to 17*	8. # Clients Served Children 0 to 17*
a. Individual Volunteers - providing direct Service to clients/residents	0	G	O			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	.	15	110			
c. Individuals in Groups Direct Service to clients/residents	Ø	10	75			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	Đ	٥٠			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	10	12	63			
TOTAL	17	37	346	¥) 30	()) 13	() 21
* new federal reporting requirement						¥.

Created 03/12/2019

Report completed by: Diane Wessels

03/05/2019

Monthly Donation report Feb. '19

DATE :	REF#	FND	SOURCE	PURPOSE	DEPOSITS	WITHOR.
UNITE :	Nor #	1110	BEGINNING BALANCE	\$38,917.53		
02/15/2019	8052	UPF	MHI-sales/collection	∤pt, Xmas	- Amount more and a	\$1,292.05
02/19/2019	8053	ÜPF	Capitol Vending	pt bday		\$5,00
02/19/2019	8053	SFV	Capitol Vending	mnthly pt prty		\$15,00
02/22/2019		FDF	Buch. Co. Fire Officers Assoc.	annual dues		\$25,00
02/27/2019	8055	UPF	Capitol Vending	pt bday		\$10.00
			TOTALS	ļ	\$0.00	\$1,347.05
The second secon		o produce contract co	ENDING BALANCE	\$37,570.48		

FY'19

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Institution/Bureau	Institution/Bureau Independence Mental Health Institute	ealth Institute				
Region		County Buchanan				February 2019 Month/Year
Name of person co	Name of person completing report Val Stanford	tanford	Title Accounting Clerk III	nting Cler	K III	
Date	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Chec Cash	Check type Cash In-Kind	Purpose – If Specified
atiida miiin pekkee ee d						
			7	7.4.1	7 (1)	33

Total value of this page: \$0.00

Total value of pages 1 thru 2: \$.00



MENTAL HEALTH INSTITUTE INDEPENDENCE, IOWA

FACSIMILE TRANSMISSION FAX NUMBER: 319-334-5205

TO: Iowa Ethics and Campaign Disclosure Board
Des Moines, Iowa 50319
FAX: 515-281-4073
FROM: Valerle Stanford
MHI-Independence, Phone: 319-334-5282
Number of pages (including transmission 4 sheet):
The information contained in this fax is confidential and intended only for the designated recipient. If the reader of this transmittal page is not the intended recipient or a representative of the intended recipient, you are hereby notified that review, dissemination, distribution or copying of this information is forbidden. If you have received this fax in error, please notify the sender immediately by telephone (319) 334-2583 and return the original fax by mail to the above address. Thank You
COMMENTS: Note - Please find Amended into on Monthly
Volunteer Report - See Highlighted Correction from Previous!